

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: <p style="text-align: center;">402170666</p> Date Received:				

### COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>100322</u> 2. Name of Operator: <u>NOBLE ENERGY INC</u> 3. Address: <u>1001 NOBLE ENERGY WAY</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	4. Contact Name: <u>Craig Richardson</u> Phone: <u>(303) 228-4232</u> Fax: _____ Email: <u>Denverregulatory@nblenergy.com</u>
---	--

5. API Number <u>05-123-48165-00</u> 7. Well Name: <u>Wells Ranch State</u> 8. Location: QtrQtr: <u>NWSW</u> Section: <u>32</u> Township: <u>6N</u> Range: <u>62W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>AA36-643</u>
---	--

### Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>06/27/2019</u>	End Date: <u>07/08/2019</u>	Date of First Production this formation: <u>08/30/2019</u>
Perforations Top: <u>7081</u>	Bottom: <u>16759</u>	No. Holes: <u>1575</u> Hole size: <u>0.32</u>

Provide a brief summary of the formation treatment:      Open Hole:

Niobrara completed with 141 bbls 28% HCl, 392,183 bbls slurry, 1,362,810 lbs 100 mesh, 13,917,408 lbs 40/70

This formation is commingled with another formation:       Yes       No

Total fluid used in treatment (bbl): <u>392324</u>	Max pressure during treatment (psi): <u>8082</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.91</u>
Total acid used in treatment (bbl): <u>141</u>	Number of staged intervals: <u>36</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>392183</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>15280218</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>09/05/2019</u>	Hours: <u>24</u>	Bbl oil: <u>240</u>	Mcf Gas: <u>213</u>	Bbl H2O: <u>817</u>
Calculated 24 hour rate:	Bbl oil: <u>240</u>	Mcf Gas: <u>213</u>	Bbl H2O: <u>817</u>	GOR: <u>888</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>916</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1297</u>	API Gravity Oil: <u>42</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6862</u>	Tbg setting date: <u>08/22/2019</u>	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes       No      If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_      \*\* Sacks cement on top: \_\_\_\_\_      \*\* Wireline and Cement Job Summary must be attached.

Comment:

Actual TPZ is Sec 31 T6N R62W: 2135 FSL 512 FEL

This well did not flowback, the well went straight to the production facility.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Stephany Olsen

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: stephany.olsen@nblenergy.com  
:

### **Attachment Check List**

**Att Doc Num**      **Name**

--	--

Total Attach: 0 Files

### **General Comments**

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)